Approved, SCAO

## STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY

## **VERIFIED STATEMENT**

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CA	SE	NO.	

1.	Mother's last r	name	First r	ame		Mic	ldle na	name 2. Any ot			her names by which mother is or has been known		
3.	Date of birth			Social security number							5. Driver license number and state		
6.	Mailing addres	ss and residence	address (if o	different)	)								
7.	Eye color	8. Hair color	9. Height	10	10. Weight 11. Race 12. Scars, tat				12.	Scars, tattoo	tattoos, etc.		
13.	Home teleph	te telephone no. 14. Work telephone no.					15. Maiden name				16. Occupation		
17. Business/Employer's name and address											18. Gross weekly income		
19.		olied for or does s ]No	he receive p	ublic as	sistance? I	f yes, pl	ease s	specify kir	nd. 2	0. AFDC ar	d recipient ide	ntification numbers	
21.	Father's last	name	First n	ame		Mid	iddle name 22. An			22. Any ot	y other names by which father is or has been known		
23.	Date of birth		24. Social security number					25. Driver license number and state					
26.	Mailing addre	ess and residence	address (if	differen	t)					l			
27.	Eye color	28. Hair color	29. Height	3	0. Weight	31. F	Race 32. Scars, tattoos, etc.						
33.	Home telepho	one no.	34. Work t	elephon	e no.		35. O	ccupation	1				
36.	Business/Em	ployer's name an	d address			I					37. Gross w	eekly income	
38.		l applied for or do	es he receiv	e public	assistance	? If yes	, pleas	se specify	/ kind	I. 39. AFDC	and recipient	identification numbers	
40. a. Name of Minor Child Involved in Case				b. Birth Date c. Age d. Soc. Sec. No.				. No.	e. Residential Address				
41. a. Name of Other Minor Child of Either Party					Birth Date	c. Age	d.	Soc. Sec	. No.	e. Residential Address			
42.	Health care of	coverage available	e for each m	ninor chil	ld								
	a. Name	of Minor Child		b. Nam	ne of Policy	Holder		c. N	lame	of Insurance	Co./HMO	d. Policy/Certificate/Contract	
43.	Names and a	addresses of pers	on(s) other	than par	ties, if any,	who ma	y have	custody	of ch	nild(ren) durir	ng pendency o	f this case	

• If any of the public assistance information above changes before your judgment is entered, you are required to give the Friend of the Court written notice of the change.

I declare that the statements above are true to the best of my information, knowledge, and belief.